

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/1743305	FILING DATE
APPLICANT(S)		

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	1					
3	1					
4	1					
5	1					
6	5					
7	①					
8	①					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

1	2	3
4	5	6
7	8	9

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy